## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

10/549683

FILING DATE

APPLICANT(S)

LAIMS

| Cl              |             |                 |               |  |             |               |    |  |  |  |
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|                 | AS FILED    |                 |               | AFTER ("AMEND)(ENT                               |             | AFTER         |    |  |  |  |
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| 30<br>31        | ·           |                 |               |  |             |               | l  |  |  |  |
| 32              |             |                 |               |  | <u> </u>    | <u>-</u>      | l  |  |  |  |
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| TOTAL IND.      |             | *               | · 16 h        | 4  |             | *             |    |  |  |  |
| TOTAL DEP       |             | 7               | <u> </u>      | 4=   |             | 411           | ĺ  |  |  |  |
| TOTAL<br>CLAIMS |             |                 | 21            |  |             |               |    |  |  |  |

| 18                |              |             |                    |          |                    |                |  |  |  |  |
|-------------------|--------------|-------------|--------------------|----------|--------------------|----------------|--|--|--|--|
|                   | AS FILED     |             | AFTER  1"AMENDMENT |          | AFTER 2 "AMENDMENT |                |  |  |  |  |
|                   | IND.         | DEP.        | IND.               | DEP.     | IND.               | DEP.           |  |  |  |  |
| 51                |              |             |                    |          |                    |                |  |  |  |  |
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| 60<br>61          |              |             |                    | <u> </u> |                    |                |  |  |  |  |
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| 68<br>69          |              |             |                    |          |                    |                |  |  |  |  |
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| 76<br>77          |              | <del></del> |                    |          | <u> </u>           |                |  |  |  |  |
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| 94                |              |             |                    |          |                    |                |  |  |  |  |
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| 100<br>TOTAL IND. |              | 1           |                    | #        | .4                 |                |  |  |  |  |
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| TOTAL DEP         |              | 4-          |                    |          |                    | 4 A            |  |  |  |  |
| CLAIMS            | <u>.</u>     |             |                    |          |                    | 25.00          |  |  |  |  |
|                   |              | U.S. DEPAR  | TMENT of C         | OMMERCE  | •                  |                |  |  |  |  |

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